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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,106	06/15/2005	Howard Tucker	06275-456US1 100889-19US	7131
26164 FISH & RICHA	7590 04/14/200 ARDSON P.C.	8	EXAMINER	
P.O BOX 1022		RAHMANI, NILOOFAR		
MINNEAPOLIS, MN 55440-1022			ART UNIT	PAPER NUMBER
			1625	
			MAIL DATE	DELIVERY MODE
			04/14/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/539,106 TUCKER, HOWARD		ARD
interview Summary	Examiner	Art Unit	
	NILOOFAR RAHMANI	1625	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>NILOOFAR RAHMANI</u> .	(3)		
(2)	(4)		
Date of Interview:			
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	2) <u> </u>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u> No.</u>		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g	ı)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Phone call was made and any other comments</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)